

Section 9817 of the
American Rescue Plan:
State Proposal to
Enhance, Expand or
Strengthen HCBS under
the Medicaid Program

DAIL Advisory Board Meeting
October 14, 2021

Program Overview

- ▶ Section 9817 of the American Rescue Plan Act provides states with a 10% federal medical assistance percentage (FMAP) increase for Medicaid home and community-based services (HCBS) for activities to enhance, expand, or strengthen HCBS.
- ▶ HCBS is defined broadly within Centers for Medicare and Medicaid Services (CMS) Guidance.
- ▶ **Estimated projections** indicate Vermont will claim over \$65M in funds attributable to the increase in FMAP which will be employed as the state share to implement approved activities valued at \$161.9M.
- ▶ Time periods
 - ▶ Increased FMAP is for expenditures occurring between 4/1/21 and 3/31/22
 - ▶ Funding may be used through 3/31/24

State Plan Services	HCBS Authorized under 1115 waiver
<ul style="list-style-type: none"> • Home Health Care • Personal Care Services • Case Management • School Based Services • Rehabilitative Services • Private Duty Nursing 	<ul style="list-style-type: none"> • Brain Injury Program • Developmental Disability Services • Choices for Care Highest/High (excludes skilled nursing facilities) • Choices for Care Moderate Needs (for participants who are Medicaid-eligible only) • Community Rehabilitation and Treatment (CRT) (for participants who are Medicaid-eligible only) • Children’s Mental Health

HCBS Spending Plan Overview

- ▶ States were required to submit an initial HCBS Spending Plan and narrative for CMS approval
 - ▶ Funding may only be used on activities that are in the HCBS Spending Plan and are approved by CMS
 - ▶ Plans may be modified during the quarterly reporting process
- ▶ Vermont's [Initial HCBS Spending Plan](#) received partial approval
 - ▶ CMS indicated that Vermont qualifies for the temporary 10 percentage point FMAP increase
 - ▶ CMS asked clarifying questions to ensure the mental health-related and permanent supportive housing activities were focused on allowable HCB services and populations

Focus on One-Time Investments

- ▶ The initial HCBS Spending Plan has a strong emphasis on one-time, transformational investments to minimize ongoing sustainability concerns while strengthening the HCBS system such as:
 - ▶ Supporting the availability of high-performing providers,
 - ▶ Furthering care integration across the care continuum including SDOH,
 - ▶ Promoting value-based purchasing within HCBS programs, and
 - ▶ Developing infrastructure and systems to support program improvement and population health management.
- ▶ The emphasis on one-time investments reflects concerns about ongoing budget pressures as well as CMS requirements to include a sustainability plan

Initial Spending Plan Details

Funding Category	Activity	Funding Amount
Improve Services	New and/or Additional Services	\$20,000,000
	Increase Payment Rates	\$47,125,799
	Strengthen Assessment and Person-Centered Planning Processes	\$4,000,000
Promote a high-performing and stable workforce	Address COVID-19 related concerns	\$5,000,000
	Training	\$5,000,000
	Recruitment and Retention	\$10,000,000
Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight	Quality Improvement	\$17,000,000
	Use of Technology and Cross-system Data Integration Efforts	\$35,000,000
	Improve Care Coordination and Care Management	\$5,764,769
	Address Social Determinants of Health (SDOH)	\$10,000,000
	Administration of Activities	\$3,000,000

Stakeholder Engagement

- ▶ Public hearing and public comment period on the initial HCBS Spending Plan
 - ▶ The Agency of Human Services (AHS) held a public forum and received 65 written comments with more than 125 ideas and suggestions for using the funding
 - ▶ Cross-department workgroup reviewed all comments to inform HCBS Spending Plan revisions
- ▶ AHS intends to use program funding to hire a contractor to develop and implement stakeholder engagement that is accessible and meaningful for people with HCBS needs and their families
 - ▶ This scope of work will inform the longer-term stakeholder engagement strategy that will include further refinements to the spending plan and developing implementation strategies

Public Comment Themes - Individual and Family

Independent Direct Support Providers

- **Funding to address workforce issues** such as wages, benefits, training, and recruitment (centralized database and public awareness)
- **Allow family members to provide services**

Other Individual and Family Supports

- **Provide additional supports for individuals and families** such as peer navigators; day programs; support for DeafBlind individuals; home modifications; and one-time costs for activities, infrastructure, job start-ups.
- **Support participation on advisory committees**

Housing and Transportation

- **Funding to address need for additional housing options for adults with disabilities**
- **Capital costs** for purchasing or developing housing
- **Funding to purchase vans and/or provide transportation**

Organizations

- **Support Brain Injury Association**

Public Comment Themes - Providers and Organizations

- ▶ **New and/or Additional Services** (wide range of suggestions such as housing options, transportation, and technologies to increase independence)
- ▶ **Quality Improvement** through capital improvement/investment grants, stakeholder engagement, cultural and linguistic competence, technology that allows individuals to manage their care, use of an equity lens
- ▶ **Strengthen Assessment and Person-Centered Planning** through trainings for providers and individuals/families, avoidance of conflict of interest, development of accessible documents and videos
- ▶ **Recruitment and retention** activities such as provider funding opportunities and strategy development
- ▶ **Use of Technology and Cross-system Data Integration Efforts** including provider investments in technology, design and planning; staff training and supports for hybrid workforce; and connecting to the VHIE
- ▶ **Payment rate** changes across a broader set of HCBS providers and direct care workers
- ▶ **Training** including developing a training plan and direct funding for a wide range of topics
- ▶ **Improve Care Coordination and Care Management** through community-based care coordination and longitudinal care program at the ACO, innovation grants, and implementation of 988
- ▶ **Address COVID-19-related concerns** through PPE, emergency preparedness, and workforce strategies

Next Steps

- ▶ October Quarterly Report
- ▶ Receipt of funding
 - ▶ AHS anticipates receiving initial funding following the October quarterly submission pending CMS completion of the reporting portal
- ▶ Federal authorities
 - ▶ AHS is continuing to explore strategies to hold this funding harmless from the budget neutrality cap within the Medicaid Section 1115 Waiver